**Guidance 19**

**Integration with Child Welfare**

**Contract Reference:** *Sections A-1.1 and C-1.3.9.1*

**Frequency:** *Ongoing*

**Due Date:** *Ongoing*

**Discussion:**

The purpose of this document is to provide guidance for the integration of services for Community Based Care organizations (CBC), and Managing Entities (ME). Coordinating efforts between these various contractors, and their network of subcontractors is essential to the efficient operation of publically funded child welfare and behavioral health services. There is significant overlap between clients, and to address this, the following framework shall be implemented.[[1]](#footnote-1)

**Requirements**

**1. Working Agreement**

The CBCs and Managing Entities must complete a working agreement between the parties, to address the needs of common clients, and provide a framework for communication and resolution of problems.

The agreement must be completed in coordination with the Department, specifically the appropriate regional staff. A final copy shall be kept in the contract managers file, for each entity.

The working agreement, should at minimum, include:

* A nominated contact person to oversee the implementation of this agreement at each CBC and Managing Entity;
* A plan for, and results of a system inventory, needs assessment, identification of gaps in the community, and a methodology to address this;
* The creation of an ongoing workgroup that will involve sub-contractors, and will address barriers to service for common clients;
* An outline of the integration program position designed for the region;
* A self-audit mechanism, and a review process to update the agreement for identified needs; and
* An annual report to the Department as to the operation of the working agreement.

The working agreement is intended to formalize a mechanism for accountability and coordination of local efforts to serve common clients. It is expected that over time, the need for this agreement will change, and it is important that it stay relevant. The self-audit should address this need. Any changes to the agreement should be provided to the Department.

**2. Workgroup**

The CBC and Managing Entities must convene a workgroup that meets to discuss the operational barriers that arise to coordinating services. This is an essential component of the working agreement, because it provides a forum to work through day-to-day difficulties that common clients may come across, or providers may experience.

The workgroup, should at minimum, include:

* Representatives from the CBCs and Managing Entities;
* Service providers;
* A monthly meeting schedule;
* A schedule to coordinate who will be responsible for leading the group; and
* Regional staff from the Department.

To be efficient, this workgroup should utilize technology, and where possible allow for VTC or teleconferencing.

**3. Contracted Integration Position**

This guidance document replaces what has, since 2001 been the statewide Family Intervention Specialist (FIS) program. In recognition of what has changed since 2001, the Department intends to redesign/replace the FIS with a regionally designed program that will be tailored to the unique needs of each area. The planning and development should be done in cooperation with the CBC and regional Department staff. However, each Managing Entity will ultimately be responsible for the implementation and administration of an integration position.

*Position Name:* Each Managing Entity shall designate this program with a position name. In FSFN, it shall be referred to as the Substance Abuse Professional.

*Purpose:* The purpose of this program is to:

* Engage and retain child-welfare involved families in behavioral health treatment; and
* Keep families together, where appropriate, by preventing at-risk children from receiving an out-of-home placement.

*Core Principles:* In cooperation with the CBC, the Managing Entity shall ensure that the Network Service Provider contracted for this service shall address the following:

* A clearly targeted population with Child Welfare involvement will be identified.
  + To be effective, and to manage expectations, the contract must have a defined population. The transformation uses the classification of safe and unsafe child – and it is expected that unsafe children will be the focus.
* Staff will have the skills and resources needed to motivate and encourage the entire family in ways that support their engagement and retention in treatment.
* The position will enter into FSFN.
* Staff will have the ability make appropriate referrals for services that support and enhance recovery.
* Staff will provide ancillary support to the CBC case manager and SAMH treatment provider in order to ensure that families are engaged and retained in treatment.
* Where possible, co-location with CBC case managers.
* Data points reported to the Department.
* Staff will work with all relevant stakeholders to identify and resolve all systematic and programmatic barriers to client engagement and retention in treatment in a process of continuous quality improvement.
* Clearly defined “admission” and “discharge” definitions will be provided.

1. For the purposes of this document, the terms CBC, and ME are understood to mean those that bear contractual responsibility for a common geographical area. [↑](#footnote-ref-1)